



## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 3-23-06.

Anne Antonoff  
Anne Antonoff

In Re Application of:

Rodriguez, et al.

Serial No.: 10/015,270

Filed: December 11, 2001

Confirmation No.: 7025

Group Art Unit: 2611

Examiner: Bui, Kieu Oanh T.

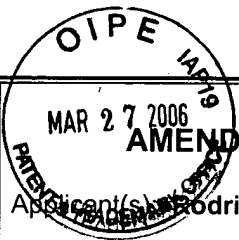
Docket No.: A-7312 (191920-1090)

**For: Time Adaptive Control of Television Viewing Functionality**

The following is a list of documents enclosed:

Return Postcard  
Request for Continued Examination  
Petition for Extension of Time  
Fee Transmittal  
Form 2038 authorizing \$1240.00 for the RCE and two month extension  
Amendment Transmittal Page  
Response and Amendments to Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s) **Rodriguez, et al.**

Docket No.

**A-7312 (191920-1090)**Serial No.  
**10/015,270**Filing Date  
**December 11, 2001**Examiner  
**Bui, Kieu Oanh T.**Confirmation No.  
**7025**Group Art Unit  
**2611**Invention: **Time Adaptive Control of Television Viewing Functionality****Commissioner for Patents  
Mail Stop RCE  
P.O. Box 1450  
Alexandria VA 22313-1450**

Transmitted herewith is the Response and Amendments to Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41 -	208 =	0	X \$50.00	\$0
INDEP. CLAIMS	4 -	6 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input checked="" type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$450.00
Other Fees: RCE					\$790.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1240.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$1240.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
\_\_\_\_\_  
**Jeffrey R. Kuester, Reg. No. 34,367**  
\_\_\_\_\_  
Date

<p><b>Effective on 12/08/2004</b> Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>FEE TRANSMITTAL</b> For FY 2005</p> <p>Applicant claims small entity status. See 37 CFR 1.27</p> <p><b>TOTAL AMOUNT OF PAYMENT (\$1240.00)</b></p>	<p align="center"><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td><b>10/015,270</b></td> </tr> <tr> <td>Filing Date</td> <td><b>December 11, 2001</b></td> </tr> <tr> <td>First Named Inventor</td> <td><b>Rodriguez</b></td> </tr> <tr> <td>Examiner Name</td> <td><b>Bui, Kieu Oanh T.</b></td> </tr> <tr> <td>Art Unit</td> <td><b>2611</b></td> </tr> <tr> <td>Attorney Docket No.</td> <td><b>A-7312 (191920-1090)</b></td> </tr> </table>	Application Number	<b>10/015,270</b>	Filing Date	<b>December 11, 2001</b>	First Named Inventor	<b>Rodriguez</b>	Examiner Name	<b>Bui, Kieu Oanh T.</b>	Art Unit	<b>2611</b>	Attorney Docket No.	<b>A-7312 (191920-1090)</b>
Application Number	<b>10/015,270</b>												
Filing Date	<b>December 11, 2001</b>												
First Named Inventor	<b>Rodriguez</b>												
Examiner Name	<b>Bui, Kieu Oanh T.</b>												
Art Unit	<b>2611</b>												
Attorney Docket No.	<b>A-7312 (191920-1090)</b>												

**METHOD OF PAYMENT (check all that apply)**

☐ Check 
 ☒ Credit Card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify):

☒ Deposit Account 
 Deposit Account Number: **20-0778** 
 Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 
 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

**2. EXCESSIVE CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
24	-20 or HP = 0	50	0	360	0	0

HP = highest number of total claims paid for, if great than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	-3 or HP = 0	200	0

HP = highest number of total claims paid for, if great than 3

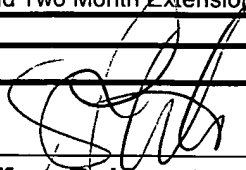
**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	=	0

**4. OTHER FEE(S)**

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: RCE and Two Month Extension of Time	\$1240.00

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Signature		Registration No. <b>34,347</b>	Telephone Number <b>770-933-9500</b>
Name: (Print/Type)	<b>Jeffrey R. Kuester</b>	Date:	<b>3-23-06</b>